

FAMILY AND MEDICAL LEAVE ACT NOTICE TO THE EMPLOYEE

TO: _____
Employee Name

FROM: _____
Employers Representative

DATE: _____

SUBJECT: Absence Designated as Leave Under the Family and Medical Leave Act (FMLA)

I. On _____, we became aware of your inability to report to work as a result of:

- A. _____ The birth of a child, or the placement of a child with you for adoption or foster care;
or
- B. _____ A serious health condition that makes you unable to perform the essential functions of
your job; or
- C. _____ A serious health condition affecting your _____ spouse, _____ child, _____ parent, for
which you are needed to provide care.

II. We understand that you need this leave beginning on _____ and that you:
(Date)

- A. _____ Expect leave to continue until on or about _____.
(Date)
- B. _____ Do not know how long you will be unable to report to work.
- C. _____ Will be able to report to work on an intermittent basis.

III. This is to inform you that:

- A. You are eligible for leave under the FMLA.
- B. You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above, with one exception. If you and your spouse are both employed by the Division of Administration, and the reason for your leave is the birth or placement of a child or to care for a sick child, you and your spouse are entitled to a **total** of 12 weeks of FMLA leave for that event.
- C. Your absence will be counted against and deducted from your FMLA leave entitlement. Your absence will also be charged against (and deducted from) any balance you maintain of accrued sick, annual or compensatory leave. The deduction will be made against whichever leave is appropriate under current leave rules and policies.
- D. You will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA leave.

IV. Required Notifications:

- A. If your absence is the result of a serious health condition, you will be required to furnish medical certification on our Form, OF-681, Certification of Health Care Provider. This six-page document is attached for your use. You must furnish the completed Certification of Health Care Provider to _____ by _____ (must be at least 15 days after you are notified of this requirement).

- B. (☐) While on leave, you will not be required to furnish us with periodic reports of your status and intent to return to work.

OR

(☐) While on leave, you will be required to furnish us with periodic reports of your status and to let us know when you might be returning to work. Specifically, you will be expected to call _____ at least
(name and phone number)

[☐] Once a week

[☐] Once every two weeks

[☐] Once a month

and provide information regarding your status and expected date of return. You must speak with the named individual when you call.

- C. If the circumstances of your leave change and you are able to return to work earlier than the date indicated in this document,

(☐) you will be required to

(☐) you will not be required to

notify us at least two work days prior to the date you intend to report to work.

- D. (☐) You will not be required to furnish an updated completed health care providers certification relating to a serious health condition.

OR

(☐) You will be required to furnish an updated completed health care provider's certification relating to a serious health condition. We will send you a blank health care provider's certification form two weeks in advance of the date the completed form will be due in our office.

- E. (☐) You **will not** be required to present a fitness-for-duty certificate prior to being restored to employment.

OR

(☐) You **will be** required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is not received, your return to work may be delayed until certification is provided.

- V. If you have life and/or health insurance which is sponsored by the state, this insurance must be maintained during any period of FMLA leave under the same conditions as if you continued to work,
- A. While you are on **paid leave** (sick, annual, and compensatory), **your portion of the premium** will continue to be automatically deducted from your paycheck.
- B. If you are on **leave without pay** you must make arrangements for payment of **your portion of the life and health insurance premium** with the staff of the Employee Administration Unit of the office of Finance and Support Services. You may contact them at (225) 342-0700. If you fail to pay your portion of the premium, the DOA will pay your portion of the premium on your behalf. You will be required to reimburse the state for the premium paid on your behalf upon your return to work. If you **do not return to work following FMLA leave** you will be required to reimburse the state for the premium paid on your behalf unless your reason for not returning to work is the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave or some other circumstances beyond your control.
- C. The Division of Administration will continue to pay the **State's portion of your group health and life insurance premiums** while you are on leave with or without pay.

If you pay for other **benefits which are payroll deducted from your paycheck but are not state sponsored**, [e.g., disability insurance, cancer insurance, dental insurance, life insurance other than State sponsored life insurance, etc.], you must make arrangements for payment of those premiums with the administrator of the policy. If you need a telephone number for the administrator you may call the Employee Administration Unit of the Office of Finance and Support Services at (225) 342-0700.

- VI. Should you have any questions regarding this letter or any other issue related to your absence, please:
- Contact: _____
- At telephone number: _____
- The mailing address is: _____

c: Office of Human Resources

Attachment: **Required Posting: Your Rights Under The Family and Medical Leave Act of 1993**

(It is recommended that you send this letter "Certificate of Mailing")

Required Posting: Your Rights Under The Family and Medical Leave Act of 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

REASONS FOR TAKING LEAVE:

Unpaid leave must be granted for *any* of the following reasons:

1. to care for the employee's child after birth, or placement for adoption or foster care;
2. to care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
3. for a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of *paid* leave may be substituted for unpaid leave.

ADVANCE NOTICE AND MEDICAL CERTIFICATION:

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."

An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and the fitness for duty report to return to work.

JOB BENEFITS AND PROTECTION:

For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."

Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

UNLAWFUL ACTS BY EMPLOYERS:

FMLA makes it unlawful for any employer to:

1. Interfere with, restrain, or deny the exercise of any right provided under FMLA;
2. Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

ENFORCEMENT: The U.S. Department of Labor is authorized to investigate and resolve complaints of violations. An eligible employee may bring a civil action against an employer for violations. FMLA does not affect any Federal or State law prohibiting discrimination, or supercede any State or local law or collective bargaining agreement, which provides greater family or medical leave rights.

FOR ADDITIONAL INFORMATION:

Contact the nearest office of the Wage and Hour Division listed in the most telephone directories under U.S. Government, Department of Labor.